

As a below named inventor, I hereby declare that

my residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"COMPACT COLLAPSIBLE INFUSION APPARATUS"  
the specification of which

X is attached hereto

was filed on \_\_\_\_\_, as Application Serial No. \_\_\_\_\_,  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the Claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 CFR 1.56(a).

I hereby claim foreign priority benefits under Title 35 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	(Yes)	(No)
----------	-----------	------------------------	-------	------

(Number)	(Country)	(Day/Month/Year Filed)	(Yes)	(No)
----------	-----------	------------------------	-------	------

I hereby claim the benefit under Title 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC 112, I acknowledge the duty to disclose material information as defined in Title 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(App. Serial No.) (Filing Date) (Status, i.e. patented, pending, abandoned)

(App. Serial No.) (Filing Date) (Status, i.e. patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith Freling E. Baker, Reg. #24,078; Lawrence A. Maxham, Reg. #24,483; Michael H. Jester, Reg. #28,022; Terrance A. Meador, Reg. #30,298 and Walter W. Duft, Reg. #31,948. Address all telephone calls to Freling E. Baker at Telephone No. (619) 233-9004 and address all correspondence to Freling E. Baker; BAKER, MAXHAM, JESTER & MEADOR, Symphony Towers, 750 "B" Street, Suite 2770, San Diego, California, 92101.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR  
1-00 EMIL H. SOIKA  
RESIDENCE

INVENTOR'S SIGNATURE  
Emil H. Soika  
CITIZENSHIP

DATE

✓ 11-30-92

Poway, California CA  
POST OFFICE ADDRESS

U.S.A.

13728 Paseo Bonita, Poway, California 92064

2-00 FULL NAME OF SECOND JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE DATE  
STEVEN R. PAYNE Steven Payne 1-11-30-92  
RESIDENCE CITIZENSHIP  
San Diego, California CA U.S.A. (SP)  
POST OFFICE ADDRESS  
14885 Waverly Downs Way, San Diego, California 92128

FULL NAME OF THIRD JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE DATE  
RESIDENCE CITIZENSHIP  
POST OFFICE ADDRESS

FULL NAME OF FOURTH JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE DATE  
RESIDENCE CITIZENSHIP  
POST OFFICE ADDRESS

FULL NAME OF FIFTH JOINT INVENTOR IF ANY INVENTOR'S SIGNATURE DATE  
RESIDENCE CITIZENSHIP  
POST OFFICE ADDRESS